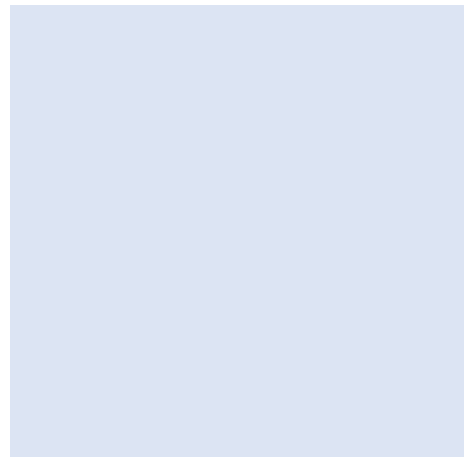
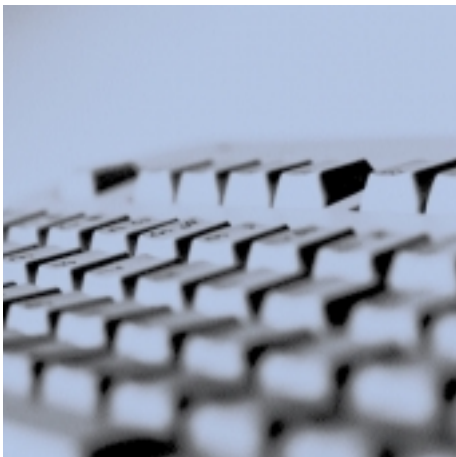
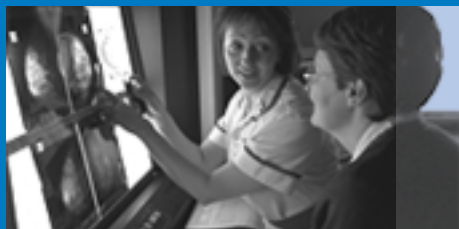


What is Protocol-Based Care?...



Foreword



The Government's vision for the future of the NHS is one of a modern service, delivering excellent care, and shaped around the needs and expectations of patients. And it is clear that people working in the NHS share these aspirations and are striving to provide quality care for all those who rely on the health service.

The Government has promised to work with the NHS to re-design the way services operate and to provide for staff, patients and the public to have a greater say in how care is delivered. Very real progress has been made, and we now have in place a clear, national framework of programmes and policies, subject to independent inspection, within which local NHS services can operate. Key components of this framework are the work of the National Institute for Clinical Excellence, in producing clinical guidance to help improve the quality and consistency of care, and the work of the Modernisation Agency in supporting the NHS to make radical and sustainable improvements to the way care is delivered.

Good clinical guidelines, based on the best available evidence, are vital if the NHS is to change the process of health care and improve outcomes for patients. Although guidelines do not replace the knowledge, expertise and experience of health care professionals, they do offer support in making potentially complex decisions about individual patient care. Underpinning the use of authoritative clinical guidelines, statements of good practice and standards, is an acknowledgement that decisions about the care patients need and how to provide it are best made by frontline staff, and the patients, carers and communities they serve. Developed around NICE guidance or other recognised standards, protocol-based care enables NHS staff to translate evidence into practice by providing them with an opportunity to address the key questions of what should be done, when, where and by whom.

Of course, NHS staff have long recognised the value of protocols as tools for ensuring that service development is driven by evidence of clinical and cost-effectiveness, for improving the safety and consistency of care, and for co-ordinating health services across a range of environments and different professions. We hope that the practical advice contained in this information pack adds to the existing reservoirs of expertise.

Andrew Dillon, Chief Executive,
National Institute for Clinical Excellence

Judy Hargaden, Director,
New Ways of Working, Modernisation Agency

Definitions



PROTOCOLS ARE DEVELOPED ON A MULTI-DISCIPLINARY BASIS, REFLECTING LOCAL SERVICES AND STAFFING ARRANGEMENTS

Many terms are used in the NHS to describe the processes that guide the treatment of a disease or condition. For the purposes of this document, we have used the following definitions.

National Standards

1. These are NHS standards set by, or on behalf of, the Department of Health. They are authoritative national statements based on research evidence and developed by multi-disciplinary teams. They include:
 - National Service Frameworks (NSFs)
 - guidelines and appraisals produced by the National Institute for Clinical Excellence (NICE)
 - strategies and good practice standards drawn up by the Department of Health, such as the NHS Cancer Plan or Essence of Care benchmarks.

Local Protocols

2. These are the detailed descriptions of the steps taken to deliver care or treatment to a patient, and are sometimes called the 'integrated care pathway'. They are designed at a local level to:
 - implement the national standards mentioned above
 - determine care provision by using the best available evidence if national standards are not available.
3. Local protocols are developed by multi-disciplinary teams, reflecting local services and staffing arrangements, and integrate the care provided by these different groups. They include specific information on who carries out key parts of the care or treatment, and where that should be delivered. Examples of local protocols are:
 - patient group directions
 - referral advice.

Local protocols also usually include decision-support systems to help the practitioner make decisions about appropriate care for specific clinical circumstances, and they may form all or part of the record of care.

Procedures

4. These are the operational sub-sections of protocols. They are the detailed procedures – either administrative or clinical – that are used at an individual patient level, and may apply in a number of protocols. They often list tasks in the order in which they should be carried out, and have often been developed before the protocol, as part of basic training and good clinical practice. Examples include:
 - the procedure for administering a drug
 - how to refer a patient to social services.

Integrated Patient Record

5. This is either an electronic or paper document that contains:
 - the patient's personal data and clinical history
 - an on-going record of treatment decisions and choices made by, with or on behalf of the patient, and signed by the responsible healthcare professional at relevant points.

History



PROTOCOL-BASED CARE PROMOTES THE USE OF SAFE, HIGH-QUALITY, CLINICALLY EFFECTIVE TREATMENTS.

6. The use of clinical guidelines, statements of good practice, standards and protocols is not new. Professional societies and the Royal Colleges have an established history of producing protocols as well as guidelines, and over recent years these have focused more and more on being evidence based.

7. Healthcare professionals have long recognised the value of protocols as tools:
- to ensure that service development is driven by evidence of clinical effectiveness and cost-effectiveness
 - to improve safety and consistency of care
 - to co-ordinate health services across a range of environments and different professions.

Today it is also recognised that maximising the contribution of all staff to patient care is important.

8. Protocol-based care gives staff greater opportunity to work in new ways to make the best use of their skills, knowledge and expertise. It addresses the key questions of **what** should be done, **where**, **when** and **by whom**. It also provides a framework for working in multi-disciplinary teams.

9. In the past, Government played its part in providing advice on good practice and service development. Two groups were set up to provide expert independent advice:
- the Clinical Standards Advisory Group (CSAG) was set up in 1991 as an independent source of expert advice to UK health ministers and the NHS on standards of clinical care and service provision
 - the Clinical Outcomes Group (COG) was set up to provide expert advice to the Chief Medical Officer and the Chief Nursing Officer on the measures needed to secure the best possible outcomes for patients

These two groups drew together the expertise of all the major healthcare professions, NHS managers and lay representatives, to produce authoritative statements of best practice. These in turn were aimed at identifying and defining appropriate standards of care, and integrating work on the quality of services across professional boundaries.

10. Since 1997, the Government has introduced a set of new policies, programmes and structures that put the patient at the centre of service planning and delivery. It also supports a structured approach towards improving the safety and quality of clinical services. This new approach was set out in two documents:

- the White Paper The New NHS: Modern. Dependable
- the consultation document A First Class Service: Quality in the New NHS.

This strategy has service modernisation and quality improvement at its heart, and introduced a range of measures, including NSFs and NICE, to raise quality and tackle unacceptable variations in service.

11. The rolling programme of NSFs was launched in 1998 and takes forward established frameworks on cancer and paediatric intensive care. Published NSFs now include those in:

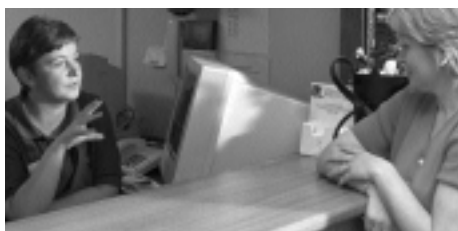
- mental health
- coronary heart disease
- older people
- diabetes.

The next group of NSFs, announced in 2001, will include those in:

- renal services
- children's services
- long-term conditions, focusing on neurological conditions.

Each NSF is being developed with the assistance of an external reference group, which brings together health professionals, service users and carers, health service managers, partner agencies and other advocates. More information about the NSF programme can be found at www.doh.gov.uk/nsf.

PROTOCOL-BASED CARE PROVIDES CLEAR STATEMENTS AND STANDARDS FOR THE DELIVERY OF CARE LOCALLY.



PROTOCOL-BASED CARE HELPS REDUCE UNACCEPTABLE VARIATIONS IN QUALITY.

12. NICE was set up in 1999 to give guidance to NHS clinicians, healthcare professionals, those commissioning services, patients, and their families and carers. NICE appraises new and existing treatments, such as pharmaceuticals, diagnostic procedures and health promotion activities. It also produces guidelines on the clinical and cost effectiveness of treatments for particular clinical conditions. This programme of work aims to raise standards and improve consistency throughout the NHS by providing healthcare professionals with a single source of authoritative information. All NICE guidance can be found on the NICE website at www.nice.org.uk.
13. The arrangements for selecting topics for referral to NICE have evolved in the light of experience from proposals originally set out in the Government paper *Faster Access to Modern Treatment: How NICE Appraisal Will Work*. Final responsibility for referral of topics to NICE rests with Department of Health Ministers and the National Assembly for Wales.
14. A widely used definition of clinical governance is, 'A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.' At a local level, clinical governance includes work to deliver NICE guidelines and NSFs, and to ensure that clinical care becomes increasingly evidence-based. It ensures that quality issues are at the heart of everything that the NHS does and are an intrinsic part of the day-to-day working practice of all NHS staff. It is central to plans to provide a health service that:
 - continually improves the standard of care that it delivers
 - reduces unacceptable variations in quality
 - ensures that healthcare professionals are supported in making decisions based on the most up-to-date evidence.
15. Clinical governance is underpinned by a statutory duty of quality in the Health Act 1999, which requires NHS Trusts and Primary Care Trusts to put and keep in place arrangements for monitoring and improving the quality of the healthcare they provide. Chief Executives and the Board are responsible for ensuring that this duty is properly discharged. Protocols can help in reviewing and improving service quality, and can provide evidence of the actions that an organisation is taking to assure services. More information about clinical governance can be found at www.doh.gov.uk/clinicalgovernance.
16. Delivery of clinical governance depends on access to high-quality, up-to-date information that enables the clinical quality of services to be assessed and assured. This applies at the level of individual patient records and to aggregated information that may be used in the production of national indicators of clinical performance or research work. This means that NHS organisations must focus on the means by which evidence is made accessible, and on equipping staff with the skills to know how to evaluate and apply it in clinical situations.

PROTOCOL-BASED CARE CAN BE USED TO HELP IMPLEMENT THE CLINICAL STANDARDS OF NICE AND NSFS.



PROTOCOL-BASED CARE HELPS PROVIDE ASSURANCES THAT GOOD PRACTICE IS BEING FOLLOWED.

17. The Government also recognises that it is essential to make connections between the NHS Information Strategy, Information for Health, clinical governance and other initiatives, so that healthcare professionals can readily obtain reliable information about best practice. The importance of these policies was underlined by the Government's response to the Kennedy Report, which made clear the Government's commitment to the development of effective systems for monitoring clinical care through local audit and national surveillance. This is reflected in the recently announced National Clinical Audit Support Programme (NCASP) advice, which addresses the immediate needs for comparative risk-adjusted audit data in the key clinical areas of the NSFs, and is intended to provide a significant enhancement to clinical governance undertaken by local services. A major feature of the forward programme will be to establish more coherent systems for recording and making use of clinically relevant information at local and national levels. NICE (www.nice.org.uk) and the National electronic Library for Health (www.nelh.nhs.uk) will make a significant difference to the consistency and authority of guidance, and to the accessibility of information, both for healthcare professionals and the public. More information about NCASP can be found at www.doh.gov.uk/ipu/ncasp.

18. The Commission for Health Improvement (CHI) began work on 1 April 2000 to provide independent, external scrutiny of these local efforts to assure and improve quality, and to help tackle local service problems. It also helps monitor the NHS's efforts to implement NICE guidance and NSFs. More information about CHI's work can be found on the website at www.chi.nhs.uk.

19. CHI is able to:
- carry out reviews of any aspect of NHS services
 - review the quality of any data on NHS healthcare obtained by other bodies
 - make general assessments of NHS performance
 - carry out service inspections
 - recommend that the Secretary of State takes special measures where it finds that services are of unacceptably poor quality or there are significant failings in the way in which an NHS body or service provider is being run.
- It will also:
- establish the new Office for Information on Health Care Performance
 - publish an annual report on the quality of services to NHS patients.

20. In April 2000, the Government launched the workforce planning review document A Health Service of All the Talents: Developing the NHS Workforce, which recognised that the workforce must be developed to deliver the most effective care for patients. Protocol-based care underpins new ways of working, which will help provide patients with services that are delivered quickly, by skilled professionals who provide the best possible treatments. The emphasis needs to be on:
- teams working across professional and organisational boundaries
 - flexible working to make the best use of the range of the skills and knowledge
 - streamlined workforce planning and development that stems from the needs of patients
 - maximising the contribution of all staff to patient care, doing away with barriers that say that only doctors or nurses can give particular types of care
 - modernising education and training to ensure that staff are equipped with the skills they need to work in a complex, changing health service
 - developing new, more flexible careers for staff of all professions
 - expanding the workforce to meet future demands.

The Changing Workforce Programme (www.modern.nhs.uk) was set up to support this.

PROTOCOL-BASED CARE PROVIDES A SOURCE OF INFORMATION AND PROMOTES HIGH-QUALITY RECORD KEEPING.



PROTOCOL-BASED CARE HELPS MAKE THE BEST USE OF STAFF SKILLS AND KNOWLEDGE.

21. The consultation phase of the workforce planning review coincided with the development of the NHS Plan: A Plan for Investment, A Plan for Reform, published in July 2000. This provided the opportunity to link the work on workforce development with the much wider agenda that emerged from the national debate on the future of the NHS. The vision of the NHS Plan is to create a health service equipped to offer people fast and convenient care, delivered to a consistently high standard and shaped around the needs of patients, and their carers and families. It sets out a new system of patient and public involvement, providing them with a strengthened voice in clinical governance and decision-making processes. More information about the NHS Plan can be found at www.doh.gov.uk/nhsplan.

22. In July 2002, HR in the NHS Plan was launched, setting out a comprehensive strategy for growing and developing the NHS workforce to meet the challenges in the NHS Plan. The strategy links together all of the current human resources initiatives to invest in the workforce and improve patient's experiences of the NHS. HR in the NHS Plan is built upon four pillars.

- Making the NHS a model employer – embracing the best policies, practices and facilities.
- Ensuring the NHS provides a model career through the concept of the skills escalator. This provides lifelong learning and development, so staff are encouraged to move up the escalator by extending their skills and knowledge. At the same time, roles and workload are delegated down the escalator, generating efficiencies and skill-mix benefits.
- Improving staff morale, which creates a better working environment and improves the patient experience.
- Building people-management skills to provide a human resource function with the confidence to insist on people-based solutions to NHS problems.

Further information about HR in the NHS Plan can be found at www.doh.gov.uk/hrinthenhs.

23. The development of protocol-based care in the health service is a key part of this vision of a health service run by a workforce that puts the needs of patients first. Protocol-based care provides:

- patients, carers and communities with greater scope for involvement in shaping services
- staff with greater opportunities to develop their contribution to patient care.

It also provides:

- a framework for multi-disciplinary working
- an effective tool for reducing unacceptable variations in treatment.

Within the NHS, many organisations have already made significant progress in developing the use of protocols, and their reviews have shown that using protocols has the potential to deliver worthwhile benefits to both patients and staff.

PROTOCOL-BASED CARE PROVIDES EVIDENCE OF GOOD PRACTICE FOR CHI REVIEWS.